Student: ________________________________

Field Instructor: ____________________________

Suggested completion date: (March - spring semester; June – summer semester)

1. Please record an impression of your student’s growth since last semester.

2. Please refer to the SOWK 642 educational goals and objectives and comment on your student’s areas of strength regarding your cognitive skills and professional performance.

3. Please refer to the SOWK 642 educational goals and objectives and comment on your student’s limitations or areas of concern regarding your cognitive skills and professional performance.

4. What specific actions are you taking to prepare for termination from the agency?

5. Other comments.

Field Instructor’s Recommended Grade (Please circle one):  A  B  C  D  F

Field Instructor’s Signature: ________________________________________________

Student’s Signature: ________________________________________________________

Field Liaison Signature: _____________________________________________________

Revised 5/10